

**TOWN OF SCITUATE**



600 Chief Justice Cushing Hwy.  
Scituate, Massachusetts 02066  
Telephone (781) 545-8740

**PUBLIC RECORDS REQUEST**

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Specific Records Requested: \_\_\_\_\_

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How do you wish to view the records? Electronic  Photocopies

Is request for commercial purposes? Yes  No

Description of Commercial Purposes:

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Policy: The Town of Scituate shall comply with a request within 10 Business days. If charges for searching, segregation and copying are expected to exceed \$10, the department shall prepare a written, good faith estimate.

Charges for photocopies of records shall be \$0.05 cents per page, in addition to postage, if necessary. In addition, there will be a charge for the cost of a disk or thumb drive (if needed).

Fees for search time and segregation of public records shall be prorated based on the hourly rate of the lowest paid employee capable of performing the task not to exceed \$25/hr.

Requests which can be filled in less than one half hour shall be exempt from this policy.

**For Internal Use Only:**

Received by: _____		Department: _____	
Disposition: Located _____	Not Located _____	Research Time _____	
Fees Charged:			
Photocopies .05 per page: # of pages _____		Subtotal _____	
Postage or storage device: _____		Subtotal _____	
Employee Fees: # of hours: _____	Hourly rate: _____	Subtotal _____	
			TOTAL: \$ _____
			<i>Check payable to Town of Scituate</i>
<b>Request Fulfilled On:</b> _____	<b>By:</b> _____		
Comments: _____			
_____			
_____			
<b>NOTE: ATTACH COPY OF RESPONSE LETTER SENT TO REQUESTOR</b>			